

**GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD****Division of Utility Contractors**

237 Coliseum Drive, Macon, GA 31217 • 404-424-9966

[www.sos.ga.gov/index.php/licensing/plb/56](http://www.sos.ga.gov/index.php/licensing/plb/56)**EMPLOYMENT OF UTILITY MANAGER**

1. Name of Business: \_\_\_\_\_

2. Utility Contractor # UC \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3. Address of Branch Office to which Utility Manager is assigned:

\_\_\_\_\_  
STREET ADDRESS CITY STATE AND ZIP4. Name of Utility Manager: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

5. Utility Manager # UM \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. Job Title with Business: \_\_\_\_\_ Date First Employed by Business: \_\_\_\_\_

I certify that I am a regular, full-time employee of the above-named business and am responsible for supervising utility work performed by this, and only this one business and branch office. I hereby swear and affirm that all information provided is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am licensed and I agree to abide by these laws and rules.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am licensed.

\_\_\_\_\_  
SIGNATURE OF UTILITY MANAGER DATE

I certify that the above-named Utility Manager is a regular, full-time employee of the above-named business and is responsible for supervising utility work performed by this, and only this one business and branch office.

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER, OR OFFICER TITLE DATE

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_  
DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**